**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION	
i Ortivi i	(See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
National Asso	ciation of Chemical Distributors Responsible Distribution	on 
ADDRESS (number and	treet) 1555 Wilson Boulevard	
(Check if address	Sujte 700	
is changed)	Arlington	VA   22209   -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	kmcmillan@nacd.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	s	
	1	
0 2175		
2. DATE <b>0.3</b>		
3. FEC IDENTIFICA	TION NUMBER C C00379180	
4. IS THIS STATEM	IENT X NEW (N) OR AMENDED (A	)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, corn	ect and complete
	Mu Danas T Hamis	
Type or Print Name of	Treasurer Mr. Roger T. Harris	
Signature of Treasurer	Electronically Filed by Mr. Roger T. Harris	Date 0 3 / 2 5 / Y 2 0 0 9
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this	·
	ANY CHANGE IN INFORMATION SHOULD BE REPORT	ED WITHIN 10 DAYS
Office Use Only	For further informa Federal Election Cor Toll Free 800-424-9	mmission FEC FORM 1